

2. Time (2400 format):

## WA Fuel Request Form

Please complete all sections to ensure timely processing of fuel requests.

## **Requestor Information**

1. Date (mm/dd/yyyy): 4. Requester Name (First/Last): 7. Name of Requesting Agency (if an ESF,

please include ESF #):

5. Requester Title: 8. Type of Requesting Agency:

3. Is this an initial 6. Requester Contact Information: **ESF Primary State Agency** 

request or update? Email: County Emergency Management Agency

Initial Federally Recognized Tribal Government Work #:

Update Mobile/Duty #: Other (specify)

9. Priority Determination (Select Mission Essential Function(s) this fuel request supports by checking all that apply):

Emergency Response & Lifeline Critical Infrastructure:	Critical Infrastructure, Facilities & Essential Services:	Community Functionality/Hardship:	Other Mission Essential Functions (Please Specify):
Operational Coordination	Infrastructure Systems	Community Resilience	
Public Information &	Environmental	Health and Social	
Warning	Response, Health &	Services	
Critical Transportation	Safety		
Fire Management &	Logistics & Supply Chain		
Suppression	Management		
On-Scene Security	Public Health,		
Protection & Law	Healthcare, & EMS		
Enforcement			
Operational			
Communications			

10. Please provide a brief justification for the fuel request:

Other:

## Fuel Request 11. Fuel Type & Quantity (Indicate which fuel(s) are requested, and the amount in gallons needed) Unleaded Gasoline **Aviation Gas** gallons gallons Diesel gallons Propane gallons Jet Fuel gallons Other: gallons 12. Site Storage Capacity in gallons (if no storage, use "0" gallons): Unleaded Gasoline **Aviation Gas** gallons gallons Diesel gallons Propane gallons Jet Fuel Other: gallons gallons 13. Current Fuel Burn Rates (if not using fuel type, use "0" gallons): Unleaded Gasoline **Aviation Gas** gallons gallons Diesel gallons Propane gallons Other: Jet Fuel gallons gallons Delivery Details\* 14. Delivery Site Address: 15. Site Contact (First/Last): 21. Delivery Methods (indicate all 18. Typical Fuel Vendor Name: accessible methods): 16. Point Person Title: 19. Vendor Point Person: Fixed Wing (Airplane) Rotary Wing (Helicopter) 17. Contact Information: 20. Contact Information: Road Email: Email: Rail Work #: Work #: Waterway Mobile/Duty #: Mobile/Duty #: **Pipeline** 23. Site Access Restrictions (indicate all applicable): 22. Backup Power Capabilities: **Onsite Generator** Perimeter Fencing Onsite connection for hook-up generator Security Incident-related damages (if yes, please include a If none, is there a manual pump onsite? damage assessment with request). Yes No Other 24. Notes (Please provide any additional information regarding fuel, the delivery process, etc.):

<sup>\*</sup> Note for local jurisdictions: If your fuel request requires distribution amongst several delivery sites or Fuel Points of Distribution (FPODs), please duplicate the second page as necessary and provide additional context in the Notes section regarding amounts and location.